

## CLAIMS ONLY

Application Number	101593394	Filing Date
Applicant(s)		

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
1	1						51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10		2					60		
11							61		
12							62		
13							63		
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40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep							Total Indep		
Total Depend	13						Total Depend		
Total Claims	14						Total Claims		